



DEPARTMENT OF THE ARMY
US ARMY MEDICAL RESEARCH AND MATERIEL COMMAND
504 SCOTT STREET
FORT DETRICK, MARYLAND 21702-5012

REPLY TO
ATTENTION OF:

MCMR-MMR-M (700-142a)

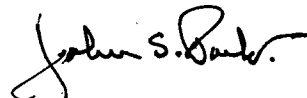
26 APR 2001

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Army Medical Department (AMEDD) Fielding Policy

1. Reference U.S. Army Medical Materiel Agency (USAMMA) Fielding Policy, 1 October 1995.
2. The USAMMA is transitioning to the sustainment/recapitalization phase of its two major fielding programs under the DEPMEDS and Modular Medical Systems. Additionally, the AMEDD is embarking on the execution phase of the Medical Re-engineering Initiative (MRI).
3. Force Structure changes, decreases in funding, and the MRI mandate changes in the way the AMEDD fields, modernizes, and recapitalizes the field medical force.
4. The AMEDD Fielding Priority (developed by the Office of The Surgeon General) and the Program Objective Memorandum dictate the units and the available funding to support Modified Table of Organization and Equipment field medical units. The enclosed Fielding Policy, effective 1 July 2001, outlines how the units will be supported.
5. Request widest dissemination of this memorandum to all field medical units.
6. The point of contact for this matter is LTC Christopher V. Roan, DSN 343-4310 or (301) 619-4310, e-mail: Chris.Roan@amedd.army.mil.

Encl


JOHN S. PARKER
Major General, MC
Commanding

MCMR-MMR-M

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Army Medical Department Fielding Policy
(Effective Date 1 July 2001)

1. Reference memorandum, USAMRMC, MCMR-MMR, 9 Dec 94, subject: U.S. Army Medical Materiel Agency (USAMMA) Fielding Policy.
2. The policy outlined below supersedes reference above and applies to all medical field units, with the exception of those hospital sets that comprise the Reserve Component Hospital Decrement (RCHD) program and Army Prepositioned Stocks (APS). The RCHD and APS hospitals will be managed by USAMMA as long-term storage assets and will be fielded shortages under a separate program.
3. This policy is consistent with the Office of The Surgeon General (OTSG) Army Medical Department Investment Strategy (AIS), which covers the 02-07 Program Objective Memorandum (POM) cycle. Major Commands (MACOMs) must coordinate any deviation from the AIS with OTSG and USAMMA.
4. This policy identifies USAMMA's initial fielding and follow-on "shipshort" program responsibilities. The USAMMA will use the shipshort program to fill shortages of non-expendable, durable, and expendable materiel identified from the initial fielding shipment. One shipshort package will be issued to the unit after its initial equipment fielding.
5. Active component Division Level Medical Units (Aid Station and Medical Companies) and Corps Level Medical Units (Area Support Medical Battalion, Ground and Air Ambulance Companies, Forward Surgical Teams, etc.) authorized Medical Equipment Sets (MES) will be fielded all authorized materiel IAW the current year Unit Assemblage (UA) at the time of fielding. Reserve component medical units will be fielded all UA items less Potency and Dated (P&D) materiel. The fielding for all other units will include an initial issue of authorized P&D materiel. It is the unit's responsibility to sustain and maintain their sets once fielded by USAMMA IAW AR 40-61 and AR 220-1. Any MACOM policies that are not IAW these regulations and are not supported by the Army Medical Department (AMEDD) POM become the responsibility of the MACOM. The AMEDD's goal is to sustain each division level medical unit on a 5-year cycle.

a. Service-regulated, Line Item Number (LIN) identified medical equipment with Acquisition Advice Code (AAC) "A" or "W" items will be provided by USAMMA. Also, service-regulated, AAC "W" or "J", non-LIN, non-expendable medical equipment as components of authorized sets will be provided by USAMMA. If these items are short during the initial fielding, they will be provided to the unit, as they become available.

b. Other non-expendable or durable medical equipment items will be provided by USAMMA within 180 to 240 days from initial fielding.

c. Funding for expendable medical equipment and materiel items will be provided by USAMMA via Military Interdepartmental Purchase Request (MIPR) within 90 to 120 days from fielding.

d. Until shortages are received, units must document these shortages IAW AR 710-2-1 and AR 40-61.

e. The MES maintenance and UA updates remain the unit's responsibility IAW AR 40-61.

f. Once the items in 4a-4c above are received, USAMMA has met its responsibilities to the gaining unit.

6. Echelon III and IV Corps Level Deployable Medical Systems (DEPMEDS) units Authorized Medical Materiel Sets will be fielded all authorized materiel less Note "R" and "Q" and P&D items. These items are covered under the Centralized Managed P&D Materiel Program managed by USAMMA. See SB-8-75-S7 for more details. It is the unit's responsibility to sustain and maintain its sets once fielded by USAMMA IAW AR 40-61 and AR 220-1. Any MACOM policies that are not IAW these regulations and are not supported by the AMEDD Program Objective Memorandum (POM) are the responsibility of the MACOM. The AMEDD's goal is to sustain each DEPMEDS unit on a 5-year cycle. Medical materiel and equipment shortages identified at the initial fielding will be provided in a shipshort package within one year. Remaining shortages after the receipt of the shipshort will be managed as follows:

a. Service-regulated, LIN-identified medical equipment with Acquisition Advice Code (AAC) "A" or "W" items will be

provided by USAMMA. Also, service-regulated, AAC "W" or "J", non-LIN, non-expendable medical equipment as components of authorized sets will be provided by USAMMA. If these items are short during the initial fielding, they will be provided to the unit, as they become available.

b. Though the USAMMA goal to field each set at 100 percent of fill is not always possible, USAMMA will commit to provide not less than 90 percent of fill on each set fielded. All items other than service regulated items; still short after one year, will be the responsibility of the unit. Those sets that do not meet a 90 percent of fill within one-year, will be funded by USAMMA. USAMMA will coordinate with local Installation Medical Supply Activities and/or exhaust all acquisition options in order to satisfy noted shortages.

c. Until shortages are received, units must document these shortages IAW AR 710-2-1 and AR 40-61.

d. The MES maintenance remains the unit's responsibility IAW AR 40-61. The Unit Assemblage for DEPMEDS units depends on the database year fielded. The specific UA for a DEPMEDS unit is unique to each specific set, assemblage control number and build directive number, within a specific hospital. To request a current UA listing, refer to AR 40-61, Paragraph 5-4.a.

e. Once the items in 5a-5c above are received, USAMMA has met its responsibilities to the gaining unit.

7. Currently, USAMMA programs and funds several non-medical Associated Support Items of Equipment (ASIOE) for sustainment. The replacement of these items is dependent on an assessment of the unit's assets and is not procured in sufficient quantity to support a complete replacement of an entire unit. These items include:

<u>Nomenclature</u>	<u>LIN or NSN</u>
Air Conditioner (ECU)	A26852
Heater	H24907, H00586
Shelter, Tactical 3:1	S01359
Shelter, Tactical 2:1	S01291
Container Cargo	C13825
TEMPER Tent(s)	T71619, T47813, T47745, T71755

<u>Nomenclature</u>	<u>LIN or NSN</u>
Passage Way ISO TEMPER	8340-01-260-7452
TEMPER Bump Thru Door	8340-01-263-2546
Passage Way ISO to ISO	8340-01-277-0620
Bump Thru ISO Door	6545-01-372-2623
TEMPER, Sanitation	8340-01-324-7971
TEMPER, Kitchen	8340-01-325-0131

8. Units are scheduled and budgeted for sustainment at least 2 years from execution. In most cases, the MACOM will approve the USAMMA sustainment schedule and allow direct coordination with the unit. The goal of the sustainment program is to only sustain those items that require sustainment. Previous policy dictated a direct exchange of entire hospitals. The new sustainment methodology requires the unit and USAMMA to partner to determine the unit's actual requirements based upon on hand serviceable assets as compared to the latest UA. Once this is determined, the unit will be shipped an upgrade package that sustains the unit to the latest database UA. The process to do this follows:

<u>Action</u>	<u>Timeline in Days</u>
Schedule Unit	D-2 years
Brief Unit	D-321
Unit Conduct Assessment	D-320
USAMMA Validates Unit Assessment	D-265
USAMMA Determine Requirements	D-254
USAMMA Build Sustainment Package	D-253
USAMMA Ship Sustainment Package	D-46
Required Delivery Date at Unit	D
USAMMA Materiel Fielding Team Field Sustainment Package	D+14
USAMMA Follow Up	On-going

9. The POC for this matter is LTC Christopher V. Roan, DSN 343-4310.